



## *Georgetown Board of Health*

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### FORM 3A – CERTIFICATE OF COMPLIANCE

No. \_\_\_\_\_

Fee \_\_\_\_\_

#### **COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH, GEORGETOWN, MASSACHUSETTS**

Description of Work: \_\_\_\_\_ Individual Component (s) \_\_\_\_\_ Complete System

The undersigned hereby certify that the sewage disposal system:

Constructed \_\_\_\_\_ Repaired \_\_\_\_\_ Abandoned \_\_\_\_\_

By: \_\_\_\_\_

At: \_\_\_\_\_

Has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and  
the approved design plans/as-built plans relating to application No. \_\_\_\_\_

Dated \_\_\_\_\_ Approved design flow \_\_\_\_\_ (gpd)

Installer: \_\_\_\_\_

Designer: \_\_\_\_\_ Health Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.